

Political Organization Report of Contributions and Expenditures

OMB No 1545-1696

► See Separate instructions.

A For the period beginning **JANUARY 1**, 20 **13** and ending **JUNE 30**, 20 **13**

B Check applicable boxes. ☐ Initial report ☐ Change of address ☐ Amended report ☒ Final report

1 Name of organization **TAIWAN CIVIL GOVERNMENT FOUNDATION, INC. (FORMERLY TCG FOUNDATION, INC.)** **Employer identification number** **80 0615492**

2 Mailing address (P O Box or number, street, and room or suite number)

C/O 7900 WISCONSIN AVE., SUITE 400

City or town, state, and ZIP code

BETHESDA, MD 20814

3 E-mail address of organization

4 Date organization was formed
06/25/2010

5a Name of custodian of records

ROGER C.S. LIN

5b Custodian's address

NO. 6, LANE 185, NANJING W. RD.

TAIPEI, TAIWAN DC 20000

6a Name of contact person

ROGER C.S. LIN

6b Contact person's address

NO. 6, LANE 185, NANJING W. RD.

TAIPEI, TAIWAN DC 2000

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number

NO. 6, LANE 185, NANJING W. R.D

City or town, state, and ZIP code

TAIPEI, TAIWAN DC 20000

8 Type of report (check only one box)

a ☐ First quarterly report (due by April 15)

b ☐ Second quarterly report (due by July 15)

c ☐ Third quarterly report (due by October 15)

d ☐ Year-end report (due by January 31)

e ☒ Mid-year report (Non-election
year only-due by July 31)

f ☐ Monthly report for the month of _____
(due by the 20th day following the month shown above, except the
December report, which is due by January 31)

g ☐ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election _____
(2) Date of election. _____
(3) For the state of. _____

h ☐ Post-general election report (due by the 30th day after general election)
(1) Date of election _____
(2) For the state of _____

9 Total amount of reported contributions (total from all attached **Schedules A**).

9 **\$69,300.00**

10 Total amount of reported expenditures (total from all attached **Schedules B**).

10 **\$74,961.32**

**Sign
Here**

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete

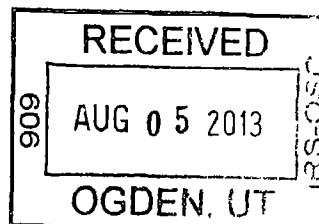
Signature of authorized official

Date

For Paperwork Reduction Act Notice, see separate instructions.

Cat No 30406G

Form **8872** (11-2002)



SCANNED AUG 13 2013

5

Schedule A Itemized Contributions		Schedule A page 1 of 1
Name of organization TAIWAN CIVIL GOVERNMENT FOUNDATION, INC.		Employer identification number 80-0615492
Contributor's name, mailing address and ZIP code SEE ATTACHED	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$ SEE ATTACHED
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Subtotal of contributions reported on this page only Enter here and also include this amount in the total on line 9 of Form 8872 ▶		\$ 69,300.00

Schedule B Itemized ExpendituresSchedule B page **1** of **2**

Name of organization

Employer identification number**TAIWAN CIVIL GOVERNMENT FOUNDATION, INC.****80-0615492**

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

SEE ATTACHED**\$ SEE ATTACHED**

Recipient's occupation

Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872 ▶**\$ 74,961.32**

TAIWAN CIVIL GOVERNMENT FOUNDATION, INC
80-0615492
FORM 8872

Deposits	Source	Expenditures	Recipient	Purpose
1/28/2013	Jyh Taw Jeng	6,000.00	1250 Connecticut OBC, LLC	Rent
2/19/2013	Anonymous	800.00	Babirak Carr, PC	Professional fees
2/25/2013	Jyh Taw Jeng	30,000.00	Menke & Associates	Professional fees
2/25/2013	Jyh Taw Jeng	23,000.00		
3/18/2013	Anonymous	720.00	The View at Waterfront	Rent
3/18/2013	Anonymous	400.00	Te-Hsing Lin	Administration
3/25/2013	Anonymous	80.00	JK Cardtech International Corp	ID cards
4/1/2013	Jyh Taw Jeng	3,000.00	Babirak Carr, PC	Professional fees
5/6/2013	Jyh Taw Jeng	2,000.00	Babirak Carr, PC	Professional fees
6/18/2013	Jyh Taw Jeng	3,300.00	Bank of America	Bank fees
			The View at Waterfront	Rent
			1250 Connecticut OBC, LLC	Rent
			Babirak Carr, PC	Professional fees
			Babirak Carr, PC	Professional fees
			Babirak Carr, PC	Professional fees
			1250 Connecticut OBC, LLC	Rent
			Bank of America	Bank fees
			Bank of America	Bank fees
			1250 Connecticut OBC, LLC	Rent
			1250 Connecticut OBC, LLC	Rent
			Bank of America	Bank fees
Total		69,300.00		
			Total	74,961.32

**Power of Attorney
and Declaration of Representative**

► Type or print. ► See the separate instructions.

OMB No 1545-0150

For IRS Use Only

Received by

Name

Telephone

Function

Date / /

Part I Power of Attorney

Caution: A separate Form 2848 should be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address
TCG FOUNDATION, INC.
NO. 6, LANE 185, NANJING W. RD. TAIPEI
TAIWAN, DC 20000

Taxpayer identification number(s)

80-0615492

Daytime telephone number

202.579.1153

Plan number (if applicable)

hereby appoints the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II

Name and address
WILLIAM MENKE
7900 WISCONSIN AVE., STE 400
BETHESDA, MD 20814

CAF No. _____

PTIN **P01479169**

Telephone No. **202.579.1153**

Fax No. _____

Check if to be sent notices and communications ☐

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address

CAF No. _____

PTIN _____

Telephone No. _____

Fax No. _____

Check if to be sent notices and communications ☐

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address

CAF No. _____

PTIN _____

Telephone No. _____

Fax No. _____

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

to represent the taxpayer before the Internal Revenue Service for the following matters:

3 Matters

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, etc.) (see instructions for line 3)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions for line 3)
INCOME	8872	2012, 2013, 2014

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. **Specific Uses Not Recorded on CAF** ☐

5 Acts authorized. Unless otherwise provided below, the representatives generally are authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The representative(s), however, is (are) not authorized to receive or negotiate any amounts paid to the client in connection with this representation (including refunds by either electronic means or paper checks). Additionally, unless the appropriate box(es) below are checked, the representative(s) is (are) not authorized to execute a request for disclosure of tax returns or return information to a third party, substitute another representative or add additional representatives, or sign certain tax returns.

☐ Disclosure to third parties; ☐ Substitute or add representative(s); ☒ Signing a return;

☐ Other acts authorized: _____

(see instructions for more information)

Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan agent may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. A registered tax return preparer may only represent taxpayers to the extent provided in section 10.3(f) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (level k) authority is limited (for example, they may only practice under the supervision of another practitioner).

List any specific deletions to the acts otherwise authorized in this power of attorney: _____

This power of attorney is being filed pursuant to Treasury regulations section 1.6012-1(a)(5), which requires a power of attorney to be attached to a return if a return is signed by an agent by reason of continuous absence from the United States for a period of at least 60 days prior to the date required by law for filing the return. No other acts on behalf of the taxpayer are authorized.

- 6 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this document. If you **do not** want to revoke a prior power of attorney, check here ☐ **YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

- 7 Signature of taxpayer.** If a tax matter concerns a year in which a joint return was filed, the husband and wife must each file a separate power of attorney even if the same representative(s) is (are) being appointed. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

▶ IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED TO THE TAXPAYER.

Roger C S. Lin 7/30/12 PRESIDENT
Signature Date Title (if applicable)

ROGER C S LIN

Print Name ☐☐☐☐☐ _____
PIN Number Print name of taxpayer from line 1 if other than individual

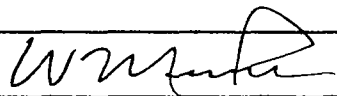
Part II Declaration of Representative

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
 - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below
 - b Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent—enrolled as an agent under the requirements of Circular 230.
 - d Officer—a bona fide officer of the taxpayer's organization.
 - e Full-Time Employee—a full-time employee of the taxpayer.
 - f Family Member—a member of the taxpayer's immediate family (for example, spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister)
 - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
 - h Unenrolled Return Preparer—Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. **See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.**
 - i Registered Tax Return Preparer—registered as a tax return preparer under the requirements of section 10.4 of Circular 230. Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. **See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.**
 - k Student Attorney or CPA—receives permission to practice before the IRS by virtue of his/her status as a law, business, or accounting student working in LTC or STCP under section 10.7(d) of Circular 230. See instructions for Part II for additional information and requirements
 - r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN LINE 2 ABOVE. See the instructions for Part II.

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column. See the instructions for Part II for more information.

Designation— Insert above letter (a-r)	Licensing jurisdiction (state) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable). See instructions for Part II for more information.	Signature	Date
B	MARYLAND	29369		8/1/2012